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THE
HEALTH OF HARLOW
IN THE YEAR
1961





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THE HEALTH OF HARLOW in the year 1961

being the

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

Incorporating the Report of the Chief Public Health
Inspector

INDEX

	<i>Page</i>
Public Health Committee	4
Staff of the Public Health Department	5
Preface	6

SECTION "A"—TEXT

Administration and Personnel	10
Comments on Vital Statistics	10
Comments on Communicable Diseases	11
Problem Families	12
Care of Old People	12
Medical Examination of Council Staff	13
Health Education	13
New Legislation	14
The Health Services administered by the Essex County Council	15
General Provision of Medical Services	16
Sanitary Circumstances and Inspections	17

SECTION "B"—STATISTICS

General Data	24
Population	24
Births	24
Deaths	25
Communicable Diseases (except Tuberculosis)	30
Communicable Diseases—Tuberculosis	31
Results of Mass Radiography Survey	32
County Council Health Services	32
Sickness Benefit Claims	33
Sanitary Circumstances and Inspections:—	
Water	34
Sewerage	34
Housing	34
Food	35
Rodent and Pest Control	39
Factories	39
Summary of other work	40
Atmospheric Conditions	41

APPENDICES :—

The Public Health Aspects of Brining of Meat in Butchers' Shops ...	44
Methods and Efficacy of Sterilization of Hairdressers' Implements ...	46

PUBLIC HEALTH COMMITTEE

as at

31st December, 1961

Chairman :

Councillor R. J. WARD

Vice-Chairman :

Councillor Mrs. S. ANDERSON

Members :

Councillor Mrs. E. DRUCE

Councillor J. S. HIDE

Councillor H. EVANS

Councillor S. C. LANE

Ex-Officio Members :

Councillor G. B. MARRIOTT, J.P. (deceased)

Chairman of the Council

Councillor R. W. DALLAS

Vice-Chairman of the Council

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health :

I. ASH, M.D., D.P.H.

Deputy Medical Officer of Health

(Part-time) :

L. S. FRY, M.D., D.P.H.

Office : Netteswell Hall, Harlow, Essex

Telephone : Harlow 26601

Chief Public Health Inspector : H. L. HUGHES, D.P.A., M.A.P.H.I., M.R.S.H.
(1), (2) and (3)

Senior Additional Public Health Inspector : S. A. EADE, M.A.P.H.I., M.R.S.H.
(1), (2), (3), (4) and (5)

Additional Public Health Inspector: H. C. REEVE, M.A.P.H.I., A.R.S.H. (to 30.4.61)
(1), (2), (3) and (4)
W. WOOD, M.A.P.H.I. (from 12.6.61)
(2), (3) and (6)

Chief Clerk : Miss A. E. A. ROTHWELL

*Personal Administrative Assistant
to Medical Officer of Health :* Mrs. V. LEMON

Clerk : Miss R. L. BOSANQUET (to 30.4.61)
Mrs. V. KERR (from 8.5.61)

Junior Clerk : Miss J. RODWELL

- (1) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board
- (2) Royal Sanitary Institute (Meat and Other Foods) Certificate
- (3) Diploma of the Royal Society of Health for Smoke Inspectors
- (4) Certificate in Sanitary Science, Royal Sanitary Institute
- (5) Diploma in Hygiene, Royal Institute of Public Health and Hygiene
- (6) Sanitary Inspectors' Certificate, Royal Sanitary Association of Scotland

To the Chairman and Members of the Harlow Urban District Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting my seventh Annual Report which is set out on similar lines to its predecessors.

You will see from the statistics of births and deaths that there has been a sharp increase in the still birth and early neonatal mortality rates. At first sight this may cause some anxiety, but two important factors must be taken into consideration. First, the previous year's figures were exceptionally low and at the time I gave a warning that it might not be possible to maintain them at that level in the future. Secondly, the accuracy of a statistical value depends on the size of the sample. For instance, if one tosses a coin an infinite number of times the head will come up in 50% of cases, but if it is tossed say only ten times this proportion may be considerably altered merely by chance. In our case we deal with relatively small numbers, and the figures submitted to a statistical test show that the higher still birth and early neonatal mortality rates in 1961 are not significant and may have arisen by chance and not because of some particularly adverse health factors. The matter will be carefully watched in the years to come and it will probably be found that, viewed over a longer period of time and related to a greater number of births, the still birth and early neonatal mortality rates are quite satisfactory.

Apart from the figures for still births and early neonatal deaths, other statistics indicate that the population of Harlow has enjoyed good health. It may be as well to explain here once more that the adjusted birth and death rates mentioned in the main body of the report are derived by multiplying the crude rates by a comparability factor to make allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. The adjusted rates are thus comparable not only with the national rates but with similarly adjusted rates of other Local Authorities.

Three years ago I wrote in the preface how tedious it was to have to produce Annual Reports which, because of their inherent nature and abundance of statistical material, are usually read by only a few interested people. This year, however, my dislike of this onerous and recurrent task is tempered by the pleasure of being able to report on a very active and successful year.

Exactly one month after taking up my appointment of Medical Officer of Health in 1956, I outlined to the Public Health Committee the desirability of smoke control in Harlow. Five years had elapsed during which many anxieties and misgivings had to be allayed and detailed surveys carried out, but finally on November 1st, 1961, the first Smoke Control Area came into existence. At the time of writing this report it has already proved to be an unquestionable success and I am often asked by people in various walks of life when the next Smoke Control Area is to be established.

Another project which I had had in mind for some time—an intensive food hygiene drive—was realized with the holding of a food hygiene exhibition and of courses for food handlers. The exhibition was the most ambitious venture of its kind so far undertaken by the Public Health Department and was very well received by the public. The attendance at the courses in food hygiene exceeded by far the most optimistic expectations.

A further major event during the year was the concentrated mass radiography

campaign for which I undertook most of the arrangements and publicity and to which the population of Harlow responded extremely well.

I must also mention two research projects, one concerned with the brining of meat, which the Chief Public Health Inspector had commenced prior to coming to Harlow and completed during 1961, and the other with the means of cleansing and sterilizing of instruments used by hairdressers.

Details of all the matters mentioned above will be found in the appropriate sections of this report. However, I must take the opportunity of stressing that, although I was responsible for initiating some of the work undertaken, the successes achieved were the result of close team work in the department. The Public Health Inspectors played a particularly prominent and often leading part, but credit is also due to the administrative staff, without whose willing and conscientious work the department could not have run as smoothly as it did.

The friendly relations and good co-operation with other departments of the Council and with many outside bodies and individuals were maintained, and I should like to express my appreciation to all who helped me in my work and contributed information for this report.

Finally, I should like to thank the Public Health Committee and the Council for their continued support and encouragement, without which little could have been achieved.

I am,

Your obedient Servant,

I. ASH, M.D., D.P.H.,

Medical Officer of Health.

Netteswell Hall,

Harlow, Essex.

July, 1962.

SECTION "A" — TEXT

ADMINISTRATION AND PERSONNEL

There were no major changes in the administration and functions of the Public Health Department during the year under review.

The Medical Officer of Health was appointed Medical Referee of the Council's Crematorium at Parndon Wood, which was opened in November.

Mr. H. C. Reeve, Additional Public Health Inspector, resigned in April to take up the appointment of Deputy Chief Public Health Inspector at Cambridge. He was replaced by Mr. W. Wood who came to this Authority from the Borough of Leyton.

Mr. S. A. Eade, Senior Additional Public Health Inspector, commenced a two years' course of part-time study at the Battersea College of Technology in bacteriology, a subject in which he is particularly interested.

On the administration side Mrs. V. Kerr commenced duty as a General Division Clerk on 8th May in place of Miss R. Bosanquet, who resigned.

COMMENTS ON VITAL STATISTICS

Population

The Registrar General's estimate of the mid-year population is 54,340 which is 5,340 more than the population in 1960. Comparative figures for the past five years are given below:—

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>
Population	35,690	40,890	45,250	49,000	54,340
Numerical increase ...	5,860	5,200	4,360	3,750	5,340
% of increase due to natural increase ...	17.0	22.3	26.6	31.4	24.4
% of increase due to migration	83.0	77.7	73.4	68.6	75.6

It must be emphasized that, after taking account of the natural increase, the apparent large balance attributed to inward migration is, in fact, partly due to the adjustment of population figures resulting from the census of 1961.

Births

Although a further decline in the birth rate was expected this did not materialize, and the crude and adjusted rates for 1961 are almost the same as for the previous year.

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>
Crude birth rate	32.3	32.7	29.8	27.8	27.6
Adjusted birth rate ...	21.0	20.9	19.1	17.8	17.6
England and Wales ...	16.1	16.4	16.5	17.1	17.4

Of the 1,535 live and still births 47% were domiciliary and 53% institutional.

The percentage of illegitimate births increased in 1961 but, nevertheless, remained considerably lower than that for England and Wales.

Still births numbered 33 and the rate per thousand total births was somewhat higher than in previous years. All but seven of these infants were born in hospitals. There were no illegitimate still births.

Deaths

The crude death rate declined further fractionally and must be one of the lowest rates in the country. Even after adjustment it is appreciably lower than the national rate.

Because of the large number of births in the community there were relatively many early neonatal deaths, i.e. deaths of infants under one week old. On the

other hand, the young age structure of the population in the town accounts for the low number of deaths in other age groups. For this reason the mean age at death (not to be confused with the expectation of life) was 48.8 years (males 44.1 years, females 55.2 years). The median age was 58.3 years (males 53.9 years, females 66.8 years). The age and sex distribution of deaths in 1961 is shown on page 26.

A graphic analysis of the causes of death is given on page 27. It shows that heart diseases are the largest single cause of death (23.9% of all deaths), followed by malignant neoplasms, (10.7% of all deaths). Of the 47 deaths from heart diseases, 31 (22 males and 9 females) were from coronary disease. This represents 15.7% of all deaths. The mean age at death of persons who died from coronary disease was 59.9 years (males 58.5 years, females 63.7 years). Eleven of the deaths from malignant neoplasms (equivalent to 5.6% of all deaths) were from cancer of the lungs. Two were women, one of 73 years and the other of 76 years; the mean age at death of the nine males was 55.8 years and the lowest age at death from lung cancer was 33 years.

There were eleven cases of violent death—five as a result of motor vehicle accidents and six from other types of accident. The analysis of the latter is given below :—

	<i>Age at death</i>	<i>Cause</i>
<i>Males</i>	3 years	Fall from chair
	8 „	Asphyxia from drowning
	30 „	Strangulation
	36 „	Asphyxia from smoke
	55 „	Struck by train
<i>Females</i>	79 „	Fall from stairs

Thirty-one infants died before reaching the age of one year. The causes of death and the age distribution are shown on page 29. As will be seen 23 were early neonatal deaths. Eighteen were born in hospital and 5 at home and, with the exception of one case, the cause of death was either birth injury or some ante-natal factor.

One death in childbirth occurred during the year under review. The confinement took place in hospital and this was the only maternal death since separate records for Harlow were started in April, 1955. During that period there were 8539 live and still births.

Sixty-five per cent. of all deaths occurred in hospitals or institutions as follows :—

	<i>No. of deaths</i>	<i>% of total</i>
St. Margaret's Hospital, Epping	90	45.7
Herts and Essex Hospital, Bishop's Stortford	12	6.1
Other hospitals or institutions	26	13.2
	<hr/> 128	<hr/> 65.0

It must be pointed out that most cases requiring in-patient treatment are admitted to St. Margaret's Hospital, Epping, and only relatively few to other hospitals.

COMMENTS ON COMMUNICABLE DISEASES

Once again Harlow had a year free from any outbreaks of serious disease. There was only the usual biennial incidence peak of measles, but the disease was mild and there were very few cases with complications. All the other infectious diseases, with the exception of infective hepatitis, were less prevalent than in 1960. It is

particularly pleasing to note a decrease in the incidence of intestinal infections and an absence for the second successive year of poliomyelitis.

Regarding infective hepatitis, it is an acute virus infection which affects mainly children and young adults and is not notifiable except in this area. Because of the uncertain mode of transmission and period of communicability and in view of the relatively long incubation period, which is on an average 25 days, the spread of the disease is very difficult to control.

Tuberculosis

Although tuberculosis is generally considered to be a dying disease, it is taking a long time to die, and fresh cases continue to appear in the community. In 1961, 28 new cases of pulmonary and 3 of non-pulmonary tuberculosis were notified. This number is higher than in the preceding year because a number of cases were discovered in the course of the intensive Mass Radiography Campaign which is mentioned below. In addition, 62 persons known to be suffering from tuberculosis and who were originally notified elsewhere came to live in the town. The number of names on the tuberculosis register has therefore once more increased since, owing to the chronic nature of the disease and the long period during which patients must be kept under observation even after they are apparently cured, the rate at which patients' names are removed from the register is much slower than that at which new names are added.

As some of the new cases discovered in the previous year were in relatively young persons and in many cases the disease was extensive, a special effort was made to eradicate the pool of infection which was presumed to be in existence in the town. With the co-operation of the North East Metropolitan Regional Hospital Board two Mass Radiography Units Nos. 6A and 6B visited Harlow from the 16th to the 30th May and held simultaneous sessions in different parts of the town. Thanks to very extensive publicity 13,849 persons were X-rayed. The full results of this intensive survey, supplied by courtesy of the Medical Directors of the two Units, are given on page 32.

PROBLEM FAMILIES

The Committee for the Co-ordination of the Prevention of Break-up of Families met four times during 1961. Although it did not have more powers to act than the individual members or the organizations which they represented, it was generally agreed that the exchange of information about the families requiring help and the discussion of the best means of providing such help were useful.

Four new cases were considered together with 7 cases which had previously been before the Committee. By the end of the year 8 cases had been closed, one family had moved from the district and two were still under supervision.

CARE OF OLD PEOPLE

Despite the fact that the proportion of old people in the population of the town is relatively small a number of them required care and attention, and 8 (5 males and 3 females) came to the notice of the Public Health Department. Four of these (2 men and 2 women) were given all the necessary domiciliary help and were kept under observation. One man was admitted to Part III accommodation and one removed to hospital. Another man was referred to the Welfare Department and is still waiting for a vacancy in an old people's home.

In the case of an old lady who had previously been helped and had remained under observation for a long time it was finally necessary to use compulsory powers under the National Assistance (Amendment) Act, 1951, and have her removed to hospital.

The Harlow and District Old People's Welfare Association continued their

voluntary work on behalf of the old age pensioners of the town. They were helped in this work by the Harlow Urban District Council, the Harlow Development Corporation, voluntary organizations and many individuals. Much of the Association's work consisted of help in kind such as giving of household linen, clothing and furniture and repairing of wireless sets and other articles. They also assisted with the payment of wireless licences, transport fares to hospital and half the cost of chiropody service, which has since been taken over by the County Council. In some cases transport to hospital was provided and advice on housing problems, pensions, allowances, legal problems etc. was always available. By arrangement with the Association local barbers gave a free service to housebound old men and the Odeon Cinema admitted old age pensioners for only 9d. per person, thus enabling them to visit the cinema more often.

The five old people's clubs have now nearly 500 members. The meetings, outings and other activities are run by voluntary workers whose only reward is the appreciation of the old folk.

MEDICAL EXAMINATION OF COUNCIL STAFF

The considerable turnover of workmen in the Council's employ and the further expansion of the Council's services increased the number of staff medical examinations. This is shown by the figures for the last 5 years:—

<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>
50	50	84	115	154

One hundred and twenty-nine of the 154 persons examined during the year were found to be fit to carry out the duties for which they were to be employed and for admission to the Council's Superannuation/Sick Pay Schemes. Twelve persons had defects which did not make them unfit for employment, but reservations were made as to the type of work for which they were suitable. Five registered disabled persons were also examined and accepted for employment. Six persons were deferred for further examination and two found to be altogether unfit.

HEALTH EDUCATION

The year 1961 was notable for very intensive activity in the field of health education. Mention has already been made of the Food Hygiene Exhibition which took place at Stone Cross Hall from the 3rd to the 7th October. There were eighteen stands, of which the Public Health Department occupied three. Of the latter, one illustrated the problem of food infections and the mechanism of bacterial food poisoning, the source and route of transmission of bacteria and toxins and the principles of prevention. It also showed how Public Health Inspectors keep a constant watch over the food supplies of the community. This stand also included a refrigerated display cabinet with specimens of condemned meat and a push-button unit giving answers to questions about food poisoning.

Another stand of the Public Health Department which attracted much attention and comment was that displaying two fully equipped kitchens, one old, untidy and dirty, and another, side-by-side and in contrast, modern, clean and well-equipped. There was a continuous tape-recorded commentary on some of the more salient aspects of kitchen hygiene.

Finally, the third stand of the department had a display of animals and live insects which can contaminate food.

Other exhibits were displayed by public utility undertakings such as water, gas and electricity and by commercial firms which showed aspects of production, distribution and storage of foodstuffs.

All visitors to the exhibition received a catalogue containing information about the causation of food infections and the means of preventing them. A good selection of films dealing with food hygiene were also shown during this exhibition

which was very well attended and attracted favourable comment from the public.

Two courses for food handlers were organized in conjunction with the exhibition. One, an elementary course, extended over two evenings and was attended by over a hundred persons. The other, consisting of ten lectures and demonstrations, was more advanced and was intended for food handlers employed in a supervisory capacity. Some sixty-five persons attended this course and thirty-nine sat for the examination in Food Hygiene and the Handling of Food of the Royal Institute of Public Health and Hygiene. Of these all but five were awarded the Institute's certificate.

The lecturers, besides the Medical Officer of Health, the Chief Public Health Inspector and Staff of the Public Health Department, included Dr. M. Watkins, Medical Officer of Health for the Borough of Walthamstow, Dr. R. Pilsworth, Director of the Chelmsford Public Health Laboratory and Dr. J. M. Medlock, Consultant in Communicable Diseases at the Eastern Hospital.

To supplement formal food hygiene education the Public Health Inspectors dealt with the subject in an informal way in the course of their inspections of food premises. Mention of this is made elsewhere in the report.

Extensive health education and publicity were also used to persuade people to be X-rayed during the Mass Radiography Campaign mentioned on page 12. There were window displays, posters, leaflets, a short film at the local cinema, newspaper articles and advertisements. In addition the Harlow Urban District Council and local traders and industrialists contributed prizes for which there was a draw at the end of each day's X-ray sessions. The success of this intensive publicity was reflected in the extremely good attendance at both X-ray units. A survey was made to ascertain which of the means of publicity was the most effective, and many persons presenting themselves for examination were chosen at random and asked by what means they had got to know about the Mass Radiography Campaign. The results are as follows:—

Press	...	...	...	...	...	...	...	34.00%
Posters	...	...	...	...	...	...	...	21.25%
Leaflets	...	...	...	...	...	...	...	20.25%
Verbal information	...	...	...	...	...	...	...	8.75%
Cinema	...	...	...	...	...	...	...	1.25%
Shop window displays	...	...	...	...	...	...	...	0.75%
Other	...	...	...	...	...	...	...	13.75%

The Medical Officer of Health and the Chief Public Health Inspector continued to give talks by invitation to various organizations on a variety of health subjects. Particularly encouraging was the contact made with secondary schools and youth clubs.

The Accident Prevention Sub-Committee met at regular intervals and gave support to the three campaigns sponsored by the Royal Society for the Prevention of Accidents. The subjects of these were "Safety of the Under Fives in the Home," "Water Safety" and "Fire and Burning Accidents." In connexion with the Water Safety Campaign a pamphlet was distributed to the schools and a poster competition was arranged. In addition the Gas Board undertook to distribute a leaflet to consumers on the use of gas the safe way.

NEW LEGISLATION

The following legislation which has a bearing on public health was enacted during the year under review:—

Public Health Act, 1961

Housing Act, 1961

Home Safety Act, 1961

Consumer Protection Act, 1961

The Public Health Act has many provisions of general application which were

previously contained in local acts. One of these is particularly important for preventing the spread of notifiable diseases and of diseases to which Section 23 of the Food and Drugs Act, 1955, applies. The Medical Officer of Health may now, by notice in writing, require any person to discontinue work if there is danger that he may transmit an infectious disease, and the Local Authority must compensate such person if he has suffered any loss in complying with the notice. The person in question need not himself be ill nor is it necessary to have laboratory confirmation that he is a carrier of an infectious disease. This section of the new Public Health Act differs from Section 99 of the Essex County Council Act, 1952, in that it makes the payment of compensation mandatory.

Other sections of the Public Health Act, 1961, deal with building bye-laws, drainage and sewerage.

The Housing Act makes provision for financial assistance for Local Authority housing and also deals with improvement and standard grants.

The Home Safety Act allows Local Authorities to engage in activities aimed at the promotion of home safety and to support financially voluntary organizations which are already engaged in this task.

Finally, the Consumer Protection Act enables the Secretary of State to make regulations to prevent or reduce the risk of death or injury from articles like gas and electric fires and oil heaters.

THE HEALTH SERVICES ADMINISTERED BY THE ESSEX COUNTY COUNCIL

All the statistical data and information concerning the personal health services which are administered by the Essex County Council have been supplied by the Area and Divisional Medical Officer, Dr. F. G. Brown.

Dealing first with the school health service, the following may be of interest.

Tuberculin testing of school entrants continued and 71% of all eligible children were tested. This figure is just above the average for the Forest Division. Once again, the percentage of parents who agreed to B.C.G. vaccination, which is carried out in the secondary schools, was somewhat disappointing although it was considerably higher than in the previous year. Sixty-four per cent. of children to whom B.C.G. vaccination was offered had a preliminary skin test and only 56% were actually vaccinated. It does seem a great pity that the response by parents is not better since the Medical Research Council has shown that B.C.G. vaccination gives a considerable degree of protection against tuberculosis.

The five-year dental campaign was continued, and during one of the Dental Health Weeks organized in this connexion a visit was made to the town by the Parliamentary Secretary of the Ministry of Education. Unfortunately there is still not a single school dentist practising in Harlow.

One hundred and fifty-three children were treated at the four Speech Therapy Clinics.

Owing to the inadequacy of public transport, a further Physiotherapy Clinic was opened at Keats House to deal with patients from the Bush Fair and adjoining area.

The orthoptic service was transferred from Chadwick House to the Harlow Hospital where it is now under the direct control of the Consultant Ophthalmologist.

The attendance at the Child Guidance Clinic kept increasing and in 1961 was 9.3% higher than in the previous year. Nevertheless, with the very good co-operation of the staff and head teachers the Clinic continued to run well. Arrangements were made for a series of talks on Child Psychiatry to be given to the General Practitioners at their request.

The very high standard of domiciliary care which contributed much to the good health of the population was due to the hard and devoted work of the Health

Visitors, Midwives, District Nurses and Domestic Helps and to their close co-operation with the General Practitioners.

The continued high birth rate was reflected in the increased attendances at the Ante-Natal and Child Welfare Clinics. There were again several changes in the Health Visiting staff and, due to further growth of the district, there is still a shortage of Health Visitors, although all possible steps have been taken to ensure that the service is maintained at a high level. As nearly half of the births occurring in the town took place at home the midwives were much in demand. Fortunately their number in the Urban District was adequate.

There were more vaccinations against smallpox than in the previous year. Vaccinations against poliomyelitis also increased but towards the end of the year an acute shortage of Salk type vaccine developed.

GENERAL PROVISION OF MEDICAL SERVICES

With some exceptions the general provision of medical services in the area remained adequate. It has become increasingly difficult to find obstetric beds in the hospitals serving Harlow, even for women expecting their first babies, and it is anticipated that this state of affairs will become progressively worse until obstetric beds are available at the Harlow Hospital in some two to three years' time. Nevertheless, as has been shown elsewhere, only a small percentage of confinements which resulted in still births or neonatal deaths were domiciliary, so that the shortage of maternity beds cannot be held responsible for the higher perinatal mortality rate in the year under review.

The admission of infectious disease cases to Honey Lane Hospital ceased when the Consultant, Dr. Tannahill, retired in July. His beds were transferred to the Oral Surgery Department. The few cases of infectious disease requiring hospital treatment are now sent to any of the undermentioned hospitals:—

South Lodge Hospital, Worlds End Lane, London, N.21

Eastern Hospital, Homerton Grove, London, E.9

St. Ann's Hospital, Tottenham, London, N.15

Chadwell Heath Hospital, Grove Road, Chadwell Heath

Rush Green Hospital, Romford

The first stage of the Harlow Hospital was finally brought into operation on 17th April. It provides only out-patient facilities which were previously available in temporary premises at Bentham House. Although on the whole the waiting time for appointments with consultants compares favourably with most hospitals, it is somewhat long for one or two of the specialists.

A new general practice was opened in Little Parndon and the doctor appointed holds his surgeries in an ordinary dwelling-house temporarily adapted for the purpose until the new medical centre is built.

The increase in the town's population has necessitated the expansion of some established practices, particularly in the areas where further housing development has taken place.

All the dentists in the town work under considerable pressure. Except in emergencies the public often find it difficult to get an early appointment.

The close co-operation between the Pathological Department of St. Margaret's Hospital and the Public Health Department continued, and the assistance which this laboratory gave in undertaking the bacteriological work in connexion with the investigation of hairdressing establishments was particularly appreciated.

Mention must also be made of the help obtained from the Central Public Health Laboratory Service and the Counties Public Health Laboratories who carried out examinations of various foodstuffs.

SANITARY CIRCUMSTANCES AND INSPECTIONS

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Water Supply

The Lee Valley Water Company maintained an adequate supply of piped water to the Urban District and extended it as the town developed. Bacteriological and chemical examinations were made regularly throughout the year by both the Company and the Public Health Department and the results were always satisfactory, showing the water to be pure and wholesome. Some agricultural cottages are still supplied by standpipes and there are four private wells in the area.

A few complaints arose during the year from local consumers because of discolouration of the Company's water by iron hydroxide. In all such cases the trouble was transitory and in no way affected the wholesomeness of the water supplied.

A local spring at Netteswell Cross has for many years been used as a feed supply to a series of watercress beds. Each March, before cutting of the cress commences, the spring water and cress are sampled. In 1961 both were of a high bacteriological quality.

Swimming Baths

There are six swimming baths in the district. The largest is the Council's new swimming pool opened in 1961 and generally recognized to be one of the finest in the country. Modern chlorination and filtration plants ensure the purity of the water.

There are four teaching pools, two at primary schools, one at a secondary school and another at a private school. Sampling of all four of these has given good results. There is also a private pool in Old Harlow owned by an industrial firm. This pool is operated on a fill and empty system with water from the River Stort. The sampling results are invariably unsatisfactory and will continue to be so until a chlorination and filtration plant are provided and used. The operators of the pool have been fully informed of this and have been given advice on the methods of water purification which can be adopted, but there are no powers to compel them to do so. The pool continues to be used by the personnel of the firm concerned but children from a residential school outside Harlow who bathed there are now sent to the Council's swimming bath.

Sewerage

The sewerage system of the town continues to expand to keep pace with the development of new housing areas. It has caused no difficulties from the public health aspect.

The total number of pail closets in use in scattered agricultural cottages is declining as action is taken to either clear the cottages or to connect them to the sewer. Only 32 pail closets still remain. In a few more years the end will be seen of this primitive method of sanitation which is an anachronism in a new urban area.

During 1961, as a result of the service of a notice under the Public Health Act, the old Harlow Common School, now used as annexe to the Potter Street C.P. School, was connected to the sewer and the pail closets replaced by modern toilets. This successful culmination of a two year campaign by the Council was gratifying both to the Council and to the parents of the children who attend this school.

Housing

Some 90% of the houses in Harlow are of post-war construction and equipped with all amenities including, of course, bathroom, water closet and hot water supply. To appreciate the high housing standards in Harlow one must compare them with those in a typical old town in an industrial area. In the latter soot and dirt are accepted as commonplace, amenities in houses are rare and dwellings crowd in upon one another to leave no open space or playground but the street. Harlow, in contrast, is a town with no slums, where dirt and grime are conspicuous by their absence and where the prevailing colour is green from the open areas which abound throughout the district. Contact with the public suggests that the majority of residents appreciate the advantages of living in a new town, although the few who make complaints seem to get by far the greatest publicity.

The number of standard and discretionary grants approved by the Council during 1961 showed a slight decrease on the previous year. As usual most of the applications for grants came from owner/occupiers. There are still many cottages in Old Harlow which could be improved with the aid of a grant, although the proportion of such houses to the total number in the Urban District is quite small. Every effort is made by the Public Health Inspectors in their daily work to interest the owners of suitable properties in taking advantage of improvement grants.

Food

The year under review was marked by a vigorous food hygiene campaign. The exhibition at Stone Cross Hall and the courses of lectures run in conjunction with it were very successful. It should be realized, however, that the constant advice and instructions given by Public Health Inspectors during routine inspections of shops, canteens and other food establishments play an even more important part in the education of food handlers. Lectures attract persons who are interested in their jobs and who are most likely capable and competent. Food handlers who are disinterested in food hygiene and who cannot or will not make the effort to attend lectures are those who probably most need education in this subject. Sad to say, they are in the majority. They can only be reached during regular inspections of food premises when the opportunity to explain the principles of food hygiene can be taken. Examples of bad food handling in front of the Public Health Inspector frequently afford the opening for such explanations. This activity is carried on year in, year out, as an integral part of the public health service. There is no way of estimating the results which are achieved; the potential cases of food poisoning which are prevented remain an unknown factor and do not make news. There is no doubt, however, that the regular inspection of food premises is the greatest safeguard the public has against malpractice in the preparation and handling of food.

The sampling of food also plays an important part in the protection of the health of the community. A few foods such as milk and ice-cream have statutory standards to which they must conform, but there are many others liable to contamination or deterioration during distribution, storage and sale for which there is no legal bacteriological standard. Sampling of such foods is a valuable way of ascertaining the most satisfactory methods of handling and storage. The bacteriologist's report indicates the nature of any contamination which occurs and often gives a clue to the cause of such contamination. The explanation of the report to the retailer or manufacturer is a useful guide to his success, or lack of success, in the production and handling of the sampled product.

A glance at the table on pages 36 and 37 will show the wide range of food products examined during the year. It is interesting to note that cooked meats give the highest proportion of unsatisfactory samples and remain the most frequently contaminated perishable food product. A great deal of progress has still to be made

before all supplies of cooked meats offered for sale are both free from food poisoning organisms and generally of a high bacteriological quality.

The number of complaints received from the public remains proportionately higher in Harlow than in many other towns. This is not because standards here are lower than elsewhere—indeed they are probably higher—but because the population consists mainly of young families with parents who are anxious that the higher standards should be maintained. Seventeen cases were taken to court during the year and all resulted in convictions for breaches of the Food and Drugs Act or the Food Hygiene Regulations. This indicates the interest which the Council have in food hygiene and the serious view which they take of offences of this type. The cases included one where a multiple firm of butchers was fined for allowing one of their local shops to deteriorate into a dirty condition. Another one concerned a part-time itinerant salesman fined for selling shellfish from a crude home-made barrow without any attempt to comply with food hygiene requirements. Most of the remaining cases dealt with the sale of food which was mouldy, out of condition or unfit for human consumption or which contained one of the bewildering variety of foreign bodies reported to the Public Health Department.

Reference was made in last year's report to the application to the Essex County Council for the delegation of powers under the Food and Drugs Act, 1955. After considering it for several months the County Council refused the application on the grounds that Harlow would be entitled to become a Food and Drug Authority after the publication of the census figures showing the population of the district to be over 40,000. This decision was very disappointing since the application for delegation of functions was based on the fact that the population was already above that figure.

ICE-CREAM

The premises registered by the Council under the Food and Drugs Act include two new distribution depots. Both are of the highest standard of construction from the public health point of view and contain first-class sanitary amenities. At these depots the vans are cleansed and prepared for their day's journey to retail ice-cream to the accompaniment of musical chimes which seem to be an ever-present feature of contemporary life. There has in the past year been a change-over in the kind of ice-cream sold, from the pre-packed firm type which was cut by the salesman and inserted into cones, to the soft type which is mixed and frozen on the van in a machine which extrudes the ice-cream direct into a biscuit. This new system is perfectly satisfactory provided the machine which mixes and freezes the article is properly cleaned at regular intervals and the salesman himself is careful about personal hygiene. Samples taken showed that the standard of the product was generally high. During the last decade the public has become accustomed to take the purity of ice-cream for granted and complaints about it are conspicuous by their absence.

MILK AND DAIRIES

There are no processing plants in the town but there are six distribution depots. Samples of milk continued to be taken and were found to conform with the statutory standards. All milk supplied in the area is pasteurized and is thus a safe food. During the year an incident occurred when a dairy firm was fined for selling a bottle of milk containing a cyclamen corm. The firm had, of course, to accept the responsibility and should have noticed this foreign body during the filling process, but one is left with the feeling that the real culprit was the person who forced the corm into the neck of the bottle so that no washing system, however efficient, could remove it. The dairy industry strives to maintain the highest standard of cleanliness and efficiency and is entitled to the support of the public in the prompt return of clean bottles. Their misuse and the dirty condition in which some are returned put the dairies to endless trouble.

SCHOOLS

A tribute must be paid here to the School Meals Service which is not appreciated by the public as it might be. The kitchens in the Harlow schools are well-equipped and maintained to the highest standard of cleanliness. The supervisors are well trained and produce for the children balanced meals under the most modern hygienic conditions.

Atmospheric Pollution

During the year under review the use of the lead peroxide candle and the deposit gauge has been abandoned. The report of the Department of Scientific and Industrial Research in 1960 indicated that these instruments were now outdated and superseded by the daily instrument which filters a measured quantity of air each day from which the pollution of smoke and sulphur dioxide is calculated. The apparatus at present used consists of two of these daily instruments, one situated at Netteswell Hall and the other, of a portable type, operated at various points in the Templefields Industrial area. The readings for sulphur dioxide taken in 1961 showed that the pollution on the industrial estate was much higher than in the residential areas and in times of fog and periods of temperature inversion it became about ten times greater.

Reference was made in the last Annual Report to the preparations for the Council's No. 1 Smoke Control Area which, no objections having been received, came into operation on 1st November, 1961. Small difficulties which did arise were due to the fact that most people left the required adaptations to their fireplaces until the last week or so before the appointed day.

No problems with regard to the supply of fuel were reported. Complaints received about difficulty in burning coke were referred by arrangement to special investigators from the Gas Board who found that in most cases the consumers had not become accustomed to the different technique required for burning coke as compared with coal.

The enforcement of Section 10 of the Clean Air Act, which provides for adequate height for new industrial chimneys, continued. Although the standard required in Harlow is similar to that published by leading authorities elsewhere in the country, the requirements of this department are invariably resisted by other interested parties. The architect and planner admit the necessity for a chimney but would like it as low and inconspicuous as possible; the combustion engineer works out the height required for efficient combustion purposes and considers that this is the sole criterion; the developer and his advisors would like the lowest chimney possible because every foot in height increases the cost. Fortunately, the Clean Air Act gives public health priority over all other considerations.

Experience in smoke control work shows that there is not yet complete public acceptance of the absolute necessity of a pure atmosphere as there is for instance of the necessity of a pure water supply. The persistent publicity of the past few years, however, is beginning to show effect. No doubt in twenty years' time a smoky atmosphere will be quite unacceptable to everyone.

Most of the smoke nuisances which have arisen in the Urban District in 1961 were due to the burning of refuse in the open, either in factory yards or on building sites. Some appalling columns of smoke visible for miles in all directions were caused through the burning of tar, bitumastic felt or similar building materials. Complaints have in all cases produced immediate cessation of the offence, but until a little common sense and social conscience are applied to this problem by workers on building sites, such nuisances will continue to occur.

Factories

The number of factories continues to increase as new ones are erected on the industrial estates. They are all built with sanitary amenities of a high standard. By arrangement with the Development Corporation the plans for all new factories are submitted to the Public Health Department for any comments that may be necessary. Most of the larger factories have very good canteens and these are regularly inspected.

Rodent and Pest Control

The ubiquitous rat survives the worst that man can do to him, and 1961 has seen a growth in numbers of this vermin both in Harlow and throughout the eastern part of the country. The number of complaints from the public increased during the year. Generally speaking, people co-operate very well in pest control, and vermin once seen are soon reported. Rats discovered at a piggery, however, presented the worst local infestation seen for some years. It had built up to these proportions because the occupier of the site accepted the presence of rats with equanimity. Such irresponsibility is fortunately rare. The offending piggery has now been transferred outside the district.

A large number of wasps' nests was destroyed by the Council's pest control operator. Wasps are a cause of anxiety to the many children and their parents in the town, and the service provided free of charge by the Council is therefore really appreciated.

SECTION “B” — STATISTICS

(Figures in parenthesis refer to 1960)

GENERAL DATA

Area (in acres)	6,313	(6,313)
Number of houses (mid-year)	15,782	(14,670)
Number of houses per acre (average)	2.5	(2.3)
Number of persons per acre (average)	8.6	(7.7)
Number of persons per house (average)	3.4	(3.3)
Ratable value (mid-year)	£878,668	(£783,352)
Product of a penny rate (financial year 1961/62)	£3,760	(£3,330)
The rate in the £ (financial year 1961/62)	24/2d.	(23/4d.)

POPULATION

Resident population (Registrar General's mid-year estimate)	54,340	(49,000)
Increase over the previous year	5,340	(3,750)
Proportion of increase due to excess of births over deaths ...	1,305	(1,176)
Balance of inward migration	4,035*	(2,574)

BIRTHS

(a) LIVE BIRTHS						<i>Males</i>		<i>Females</i>	
Legitimate	...	...	...	...	...	758	(663)	702	(680)
Illegitimate	...	...	...	...	...	18	(11)	24	(11)
Total						776	(674)	726	(691)
Crude rate						27.6		(27.8)	
Adjusted rate						17.6		(17.8)	
England and Wales						17.4		(17.1)	
(b) ILLEGITIMATE LIVE BIRTHS PER CENT OF									
TOTAL LIVE BIRTHS						2.8		(1.6)	
,, ,, ,, England and Wales						5.9		(5.4)	
(c) STILL BIRTHS									
Legitimate	...	...	...	...	...	17	(15)	16	(8)
Illegitimate	...	...	...	...	...	—	(—)	—	(1)
Total						17	(15)	16	(9)
Rate per 1,000 live and still births						21.5		(17.3)	
,, ,, ,, ,, ,, England and Wales						19.1		(19.8)	
(d) TOTAL BIRTHS (live and still)									
Legitimate	...	...	...	...	...	775	(678)	718	(688)
Illegitimate	...	...	...	...	...	18	(11)	24	(12)
Total						793	(689)	742	(700)

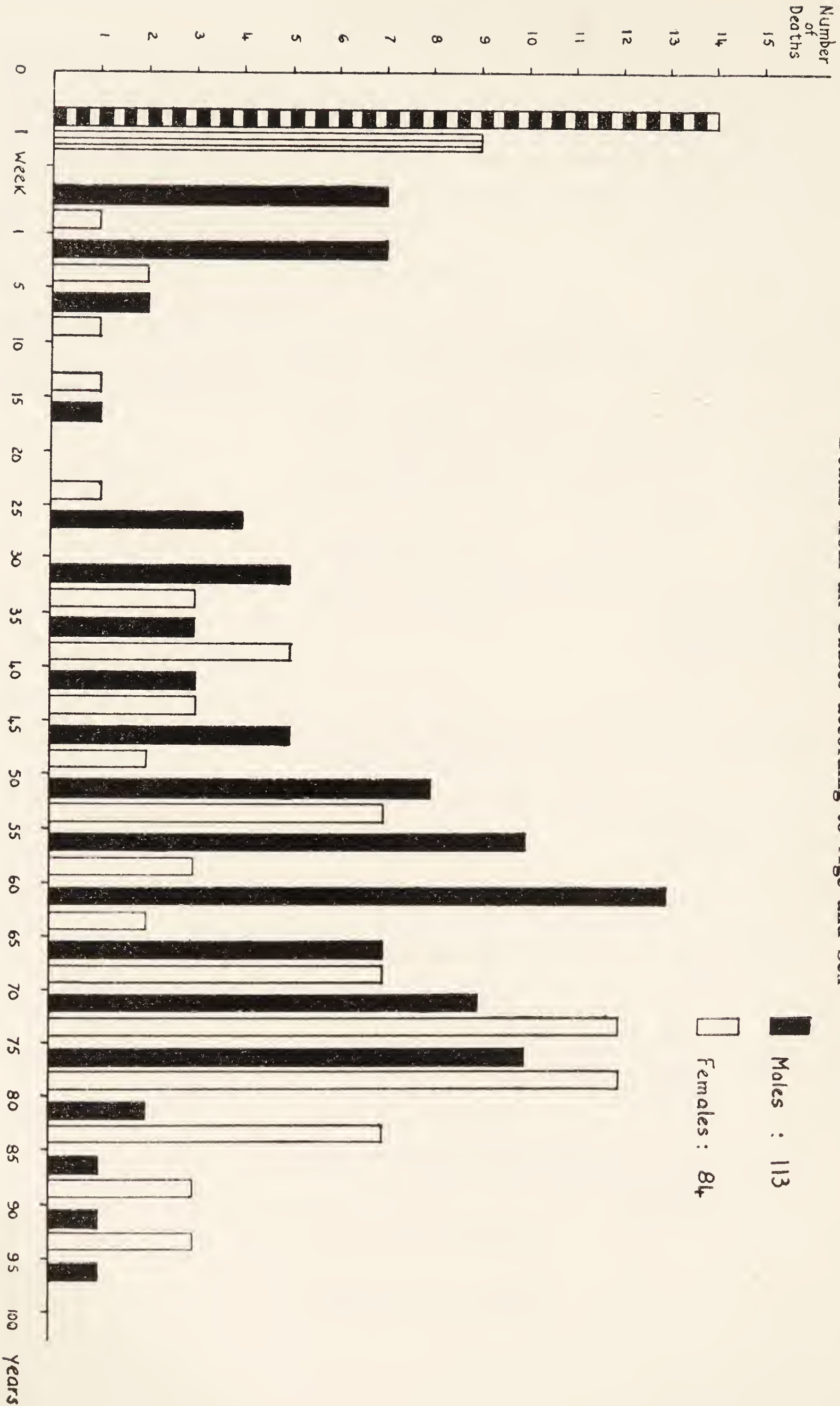
* See comment on page 10.

DEATHS

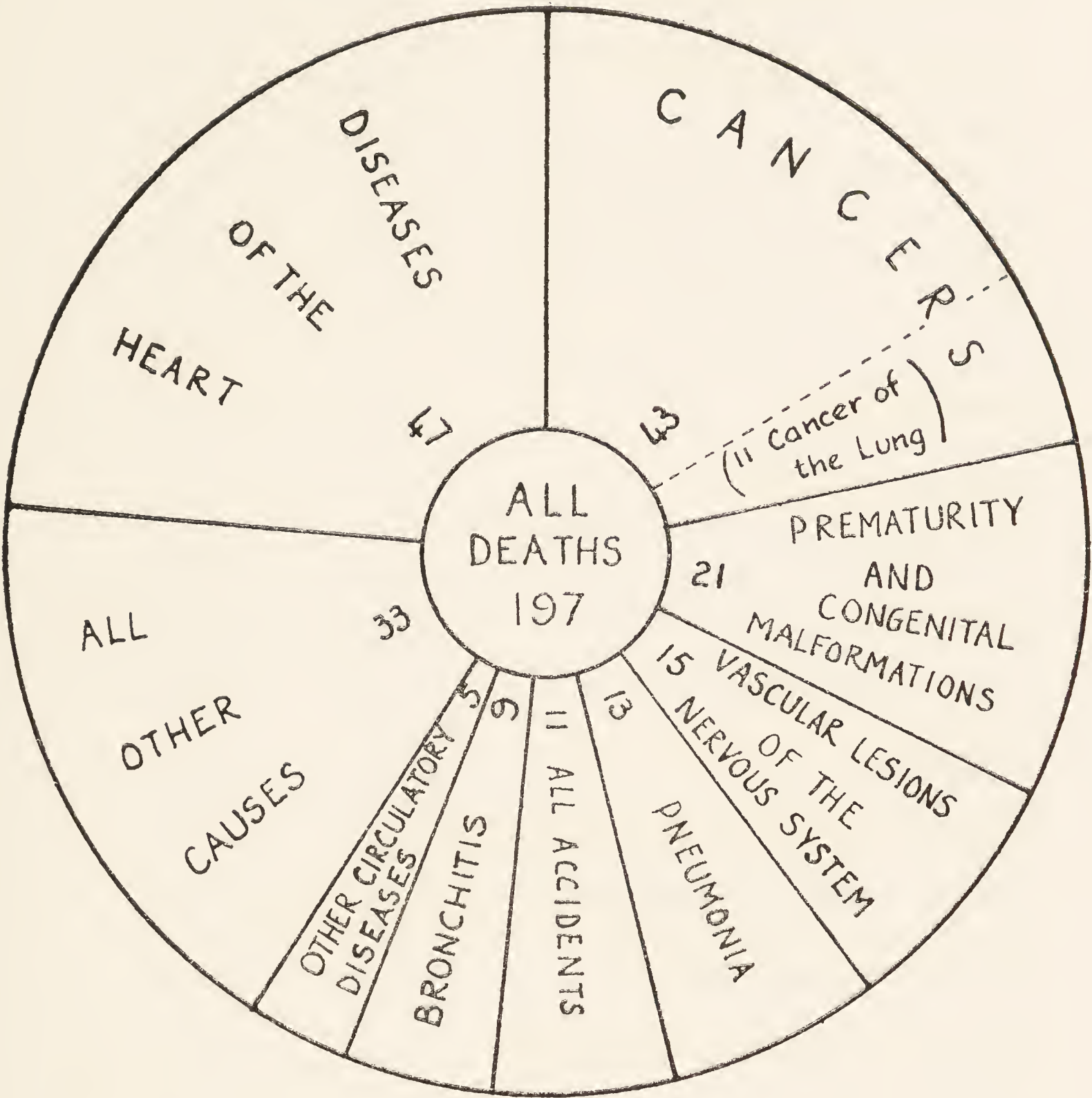
						<i>Males</i>		<i>Females</i>	
(a)	ALL AGES	...	...	...	...	113	(99)	84	(90)
	Crude rate				per 1,000 population		3.6	(3.8)	
	Adjusted rate				" " "		9.8	(10.1)	
	England and Wales				" " "		12.0	(11.5)	
(b)	INFANTS UNDER 1 YEAR OF AGE								
	(i) Legitimate	...	...	...	...	21	(9)	10	(8)
	(ii) Illegitimate	...	...	...	...	—	(—)	—	(—)
						—	—	—	—
	Total	...	...	...	...	21	(9)	10	(8)
						—	—	—	—
	Legitimate infant mortality rate per 1,000								
	legitimate live births	...	...	...	...		21.2	(12.6)	
	" " " " England and Wales						*	(22.0)	
	Illegitimate infant mortality rate per 1,000								
	illegitimate live births	...	...	...	...		—	(—)
	" " " " England and Wales						*	(26.0)	
	Total Infant mortality rate per 1,000 live								
	births	...	...	...	...		20.6	(12.4)	
	" " " " England and Wales						21.6	(21.9)	
(c)	NEONATAL DEATHS (infants under 4 weeks of age)								
	(i) Legitimate	...	...	...	...	14	(3)	9	(6)
	(ii) Illegitimate	...	...	...	...	—	(—)	—	(—)
						—	—	—	—
	Total	...	...	...	...	14	(3)	9	(6)
						—	—	—	—
	Neonatal mortality rate per 1,000 live births						15.3	(6.6)	
	" " " " England and Wales						15.5	(15.6)	
(d)	EARLY NEONATAL DEATHS (infants under 1 week of age)								
	(i) Legitimate	...	...	...	...	14	(3)	9	(3)
	(ii) Illegitimate	...	...	...	...	—	(—)	—	(—)
						—	—	—	—
	Total	...	...	...	...	14	(3)	9	(3)
						—	—	—	—
	Early neonatal mortality rate per 1,000 live								
	births	...	...	...	...		15.3	(4.4)	
	" " " " England and Wales						13.4	(13.4)	
(e)	PERINATAL MORTALITY (still births and deaths								
	under 1 week combined, per 1,000 live and								
	still births)	...	...	...	...		36.5	(21.6)	
	" " " " England and Wales						32.2	(32.9)	
(f)	MATERNAL DEATHS (including abortion)								
	Maternal mortality rate per 1,000 live and								
	still births	...	...	...	...		0.6	(—)	
	" " " " England and Wales						0.3	(0.4)	

* Figures not available)

Deaths from all Causes according to Age and Sex



Principal Causes of Death



Causes of Death

					<i>Males</i>	<i>Females</i>	<i>Total</i>
1.	Tuberculosis, respiratory	...	...	...	— (—)	— (—)	— (—)
2.	Tuberculosis, other	...	...	...	— (1)	— (—)	— (1)
3.	Syphilitic disease	...	...	...	— (—)	— (—)	— (—)
4.	Diphtheria	...	...	...	— (—)	— (—)	— (—)
5.	Whooping cough	...	...	...	— (—)	— (1)	— (1)
6.	Meningococcal infections	...	...	...	1 (—)	— (—)	1 (—)
7.	Acute poliomyelitis	...	...	...	— (—)	— (—)	— (—)
8.	Measles	...	...	...	1 (—)	— (—)	1 (—)
9.	Other infective and parasitic diseases				— (—)	— (—)	— (—)
10.	Malignant neoplasm, stomach	...			2 (2)	1 (2)	3 (4)
11.	Malignant neoplasm, lung, bronchus				9 (10)	2 (2)	11 (12)
12.	Malignant neoplasm, breast	...			— (—)	7 (5)	7 (5)
13.	Malignant neoplasm, uterus	...			— (—)	— (1)	— (1)
14.	Other malignant and lymphatic neoplasms	...	...	...	8 (12)	14 (5)	22 (17)
15.	Leukaemia, aleukaemia	...	...		2 (3)	— (—)	2 (3)
16.	Diabetes	...	...	...	1 (—)	1 (—)	2 (—)
17.	Vascular lesions of nervous system	...			6 (5)	9 (13)	15 (18)
18.	Coronary disease, angina	...	...		22 (26)	9 (10)	31 (36)
19.	Hypertension with heart disease	...			— (1)	2 (1)	2 (2)
20.	Other heart disease	...	...	...	10 (6)	4 (12)	14 (18)
21.	Other circulatory disease	...	...		3 (2)	2 (4)	5 (6)
22.	Influenza	...	...	...	1 (—)	1 (—)	2 (—)
23.	Pneumonia	...	...	...	5 (4)	8 (6)	13 (10)
24.	Bronchitis	...	...	...	7 (5)	2 (2)	9 (7)
25.	Other diseases of respiratory system				1 (1)	— (1)	1 (2)
26.	Ulcer of stomach and duodenum	...			— (2)	— (—)	— (2)
27.	Gastritis, enteritis and diarrhoea	...			— (1)	— (2)	— (3)
28.	Nephritis and nephrosis	...	...		1 (—)	1 (—)	2 (—)
29.	Hyperplasia of prostate	...	...		1 (3)	— (—)	1 (3)
30.	Pregnancy, childbirth and abortion	...			— (—)	1 (—)	1 (—)
31.	Congenital malformations	...	...		4 (4)	5 (5)	9 (9)
32.	Other defined and ill-defined diseases				19 (6)	13 (11)	32 (17)
33.	Motor vehicle accidents	...	...		4 (3)	1 (—)	5 (3)
34.	All other accidents	...	...	...	5 (—)	1 (4)	6 (4)
35.	Suicides	...	...	...	— (2)	— (2)	— (4)
36.	Homicide and operations of war	...			— (—)	— (1)	— (1)
Total					113 (99)	84 (90)	197(189)

Causes of Death of Infants under 1 year old

<i>Cause of Death</i>		<i>Total under one week</i>				<i>Total under one month</i>				<i>Total under one year</i>			
		<i>Under 1 day</i>	<i>1 - 7 days</i>	<i>1 - 2 weeks</i>	<i>2 - 3 weeks</i>	<i>3 - 4 weeks</i>	<i>1 - 3 months</i>	<i>3 - 6 months</i>	<i>6 - 9 months</i>	<i>9 - 12 months</i>			
Prematurity	...	8	3	—	—	—	11	—	—	—	12		
Congenital malformations	...	1	3	—	—	—	4	2	—	—	7		
Birth injury	...	2	3	—	—	—	5	—	—	—	5		
Haemolytic disease	...	2	—	—	—	—	2	1	—	—	3		
Broncho-pneumonia	...	—	—	—	—	—	—	1	—	—	2		
Meningitis	...	—	1	—	—	—	1	—	—	1	2		
Total	...	13	10	—	—	—	23	4	—	1	31		

COMMUNICABLE DISEASES (EXCEPT TUBERCULOSIS)

	Notifications according to age groups												Incidence rate per 10,000 population	
	0—	1—	2—	3—	4—	5—	10—	15—	25—	45—	65—	unknown	Total	Harlow & Wales
Scarlet fever	—	2	7	4	13	56	9	1	1	—	—	93	17.1 4.3
Whooping cough ...	3	1	2	4	1	3	—	—	—	—	—	—	14	2.6 5.3
Poliomyelitis paralytic	—	—	—	—	—	—	—	—	—	—	—	—	.2
non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—	.04
Measles	129	326	446	449	397	1006	25	10	6	—	—	2794	514.2 165.4
Dysentery	1	1	3	—	—	6	1	1	2	—	—	15	2.4 4.4
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	.01
Meningococcal infection .	1	—	—	—	—	1	—	—	—	—	—	—	2	.4 .14
Acute pneumonia	—	—	—	—	1	1	—	4	1	—	1	8	1.5 4.0
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	.02
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	.05
Erysipelas	—	—	—	—	—	—	—	—	2	—	—	2	.4 .5
Food poisoning	—	1	—	—	—	—	—	1	—	1	—	3	.5 1.7
Infective hepatitis	—	—	1	1	1	24	13	7	12	4	—	63	11.6 *
Puerperal pyrexia	—	—	—	—	—	—	—	3	3	—	—	6	1.1 *
Acute encephalitis infective	—	—	—	—	—	—	—	—	—	—	—	—	.02
post-infectious	—	—	—	—	—	—	—	—	—	—	—	—	.03

* Figures not available

COMMUNICABLE DISEASES—TUBERCULOSIS

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
Number of cases on the register at 1.1.61 : ...	201 (180)	193 (176)	14 (12)	20 (16)	428 (384)
Number of cases added to the register during 1961 :					
New cases	18 (12)	10 (8)	2 (—)	1 (4)	31 (24)
Inward transfers ...	27 (26)	33 (25)	2 (2)	— (—)	62 (53)
Number of cases removed from the register during 1961 :					
Deaths	2* (2)	— (1)	— (—)	— (—)	2 (3)
Outward transfers ...	11 (15)	6 (14)	— (—)	4 (—)	21 (29)
Patients cured ...	1 (—)	1 (1)	— (—)	— (—)	2 (1)
Diagnosis amended ...	— (—)	— (—)	— (—)	— (—)	— (—)
Number of cases remaining on register at 31.12.61 .	232 (201)	229 (193)	18 (14)	17 (20)	496 (428)

* Not from tuberculosis

Incidence rate of new cases (all forms) per 1,000 population	...	0.6 (0.5)
,, ,, ,, ,, England and Wales	...	0.5 (0.5)

INCIDENCE RATE ACCORDING TO AGE

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
Under 5 years	—	—	—	—
5 - 14 ,, 	2	1	—	—
15 - 24 ,, 	1	3	1	—
25 - 44 ,, 	12	5	—	—
45 - 64 ,, 	2	1	—	1
65 and over	1	—	—	—

RESULTS OF MASS RADIOGRAPHY SURVEY

						<i>Males</i>	<i>Females</i>	<i>Total</i>
Total Number X-rayed	...	...	...	...	...	7245	6604	13849
Requiring further investigation	...	...	...	...	...	82	73	155
Groups Attending:								
Referred by General Practitioners	...	...	...	...	...	33	43	76
Public	...	...	...	...	...	3014	4772	7786
Organised groups	...	...	...	...	...	4198	1789	5987

PULMONARY TUBERCULOSIS

Significant cases—Requiring immediate treatment	...	...	...	...	...	6	3	9
Requiring close clinic supervision	...	...	...	...	...	3	3	6
Requiring occasional clinic supervision	...	...	...	...	...	18	10	28
Suspect tuberculosis—not confirmed	...	...	...	...	...	1	—	1
Presumed healed—no further action required	...	...	...	...	...	9	2	11

GROUPS IN WHICH PULMONARY TUBERCULOSIS WAS DISCOVERED

Requiring immediate treatment	...	Public	4	1	5
		Organized groups	2	2	4
Requiring close clinic supervision	...	Public	2	2	4
		Organized groups	1	1	2
Requiring occasional clinic supervision		Public	7	8	15
		Organized groups	11	2	13
Suspect tuberculosis—not confirmed		Organized groups	1	—	1
Presumed healed—no further action required		Public	4	1	5
		Organized groups	5	1	6

CARCINOMA OF LUNG, BRONCHUS	...	...	...	4	2	6
OTHER ABNORMALITIES DISCOVERED	...	...	...	30	29	59

COUNTY COUNCIL HEALTH SERVICES

Ante-Natal Clinics

(a) Ante-natal attendances	...	...	...	...	11,953	(9,525)
(b) Post-natal attendances	...	...	...	...	409	(282)

Child Welfare Clinics

Attendances—under 1 year	...	...	...	...	18,829	(16,794)
1 - 5 years	...	...	...	...	5,048	(5,126)

Midwifery and Home Nursing

Number of cases attended by midwives:

(a) as midwives	...	...	...	...	615	(608)
(b) as maternity nurses	69	(60)

Number of visits paid by home nurses	9,465	(10,036)
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Health Visiting

Number of visits made 11,697 (14,933)

Immunizations (other than B.C.G.)

Smallpox 1,249 (996)
Re-vaccinations 177 (133)
Diphtheria 1,698 (1,444)
Booster doses 1,492 (992)
Whooping cough 605 (747)
Booster doses 2 (2)
Poliomyelitis 4,268 (4,125)
Third injections 4,246 (6,842)
Fourth injections 4,380 (—)

B.C.G. Vaccination

Number to whom offered 1,415 (540)
Number given tuberculin test after parents' consent
obtained 917 (267)
Percentage 64.8 (49.4)
Number who gave a positive reaction to tuberculin test 63 (19)
Number vaccinated with B.C.G. 790 (242)

SICKNESS BENEFIT CLAIMS

Table showing the monthly number of new claims submitted to the Harlow Office of the Ministry of Pensions and National Insurance

Month									Claims	
January	...	...	...	...	...	...	...	...	1,103	(755)
February	...	...	...	...	...	...	...	...	1,225	(712)
March	...	...	...	...	...	...	...	...	613	(832)
April	...	...	...	...	...	...	...	...	549	(472)
*May	...	...	...	...	...	...	...	...	768	(581)
June	...	...	...	...	...	...	...	...	615	(494)
July	...	...	...	...	...	...	...	...	548	(433)
August	...	...	...	...	...	...	...	...	598	(505)
September	...	...	...	...	...	...	...	...	601	(454)
October	...	...	...	...	...	...	...	...	998	(661)
November	...	...	...	...	...	...	...	...	922	(806)
December	...	...	...	...	...	...	...	...	948	(583)

* On 1.5.61 the Harlow and Epping Offices of the Ministry of Pensions and National Insurance were amalgamated and as from this date the figures include those for Epping.

SANITARY CIRCUMSTANCES AND INSPECTIONS

Water	<i>Gallons</i>
Water supplied unmeasured (domestic)	573,000,000
„ „ by meter (trade)	314,000,000
Total consumption for year	887,000,000
Average consumption per day (domestic)	1,570,000
„ „ „ „ (trade)	860,000
„ „ „ „ (all purposes)	2,430,000
Consumption per head per day (domestic)	28.2
„ „ „ „ „ (trade)	15.4
„ „ „ „ „ (all purposes)	43.6

(The above figures were supplied by the Lee Valley Water Company.)

Sewerage

Number of cesspools emptied during the year	*40
Number of pail closets emptied weekly	32
Number of connexions to sewer, conversion of pail closets	19
Number of connexions to sewer from cesspools	2

* This necessitated 64 emptying operations

(The above figures were supplied by the Engineer and Surveyor)

Housing

GENERAL

Number of houses as at 31.12.61	16,392
„ „ „ owned by Local Authority	1,053
„ „ „ „ Harlow Development Corporation	13,924
„ „ „ Privately owned	1,415
„ „ „ erected by Local Authority	25
„ „ „ „ Harlow Development Corporation	1,007
„ „ „ „ private enterprise	102
„ „ housing inspections carried out	476
„ „ intimation notices served	11
„ „ statutory notices served	10
„ „ statutory notices complied with	9
„ „ complaints of housing defects	14
„ „ housing defects remedied	25
„ „ legal proceedings	Nil

HOUSING ACT, 1957

Houses demolished	2
Undertakings not to let	2
Closing Orders	Nil
Houses in confirmed Clearance Areas awaiting demolition	Nil
Houses in Clearance Areas not yet confirmed	Nil
Demolition Orders made under Section 17	2
Closing Orders revoked	3

HOUSING (FINANCIAL PROVISIONS) ACT, 1958—IMPROVEMENT GRANTS

Number of applications considered by Local Authority	12
(6 Standard Grant, 6 Discretionary Grant)	
Number of applications approved	12
„ „ „ refused	Nil
„ „ „ withdrawn	3
„ „ dwellings where work has been completed	13

RENT ACT, 1957

Number of applications for Certificates of Disrepair	...	...	...	Nil
Number of certificates issued	...	...	...	Nil

Food

TYPE AND NUMBER OF SHOPS AND OTHER FOOD PREMISES IN THE DISTRICT

Grocers	...	...	...	...	...	...	...	...	37
Bakers	...	...	...	...	...	...	...	...	9
Butchers	...	...	...	...	...	...	...	...	19
Fishmongers (including five fish fryers)	...	...	...	...	...	...	...	...	12
Greengrocers	...	...	...	...	...	...	...	...	21
Sweets and confectionery	...	...	...	...	...	...	...	...	23
General food stores	...	...	...	...	...	...	...	...	13
Cafés and restaurants	...	...	...	...	...	...	...	...	16
Public houses	...	...	...	...	...	...	...	...	22
Off-Licences	...	...	...	...	...	...	...	...	6
Halls and community centres	...	...	...	...	...	...	...	...	20
Factory canteens	...	...	...	...	...	...	...	...	25
School canteens	...	...	...	...	...	...	...	...	31
Building site canteens	...	...	...	...	...	...	...	...	7
Food storage depots	...	...	...	...	...	...	...	...	3
Milk depots	...	...	...	...	...	...	...	...	4
Food factories	...	...	...	...	...	...	...	...	3
Bakehouses	...	...	...	...	...	...	...	...	3
Market stalls	...	...	...	...	...	...	...	...	17
Total									291

PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT, 1955, AND NUMBER OF INSPECTIONS CARRIED OUT

	<i>Number of Premises registered</i>	<i>Number of inspections</i>
Storage and sale of ice-cream	59	295
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food	27	289

SAMPLING OF ICE-CREAM AND ICE-LOLLY

					<i>Result Ministry of Health's Provisional Grades for Ice-cream</i>
Ice-cream	...	...	...	33 samples	Grade I=28 samples „ II= 1 „ „ III= 1 „ „ IV= 3 „
Ice lolly	...	...	...	3 samples	All 3 samples of ice lolly were satisfactory

MILK SUPPLY

Number of dairies registered	...	...	...	...	...	...	5
Number of inspections carried out	...	...	...	...	...	...	19
Licences issued by the County Council under the Milk (Special Designation) Regulations, 1960:							
					Supplementary	Dealer	Total
Pasteurized	...	...	...	...	4	22	26
Sterilized	...	...	...	...	4	21	25
Tuberculin tested	...	...	...	...	4	7	11
Number of premises from which milk was sold	...	...	...	...	24		
Number of samples of milk taken during the year	...	...	...	...	45	All satisfactory	
(Pasteurized 33, sterilized 2, tuberculin tested - pasteurized 10)							

FOOD SAMPLING

Meat and Meat Products

					Result	
					Satisfactory	Unsatisfactory
					Number of Samples taken	
Pork brawn	...	...	...	6	2	4
Corned beef	...	...	...	18	13	5
Chopped pork	...	...	...	3	2	1
Jellied veal	...	...	...	5	5	—
Corned mutton	...	...	...	1	1	—
Ham	...	...	...	8	5	3
Luncheon meat	...	...	...	11	9	2
Saveloys	...	...	...	1	1	—
Roast pork	...	...	...	1	1	—
Silverside	...	...	...	2	2	—
Liver sausage	...	...	...	2	1	1
Pork and veal loaf	...	...	...	1	—	1
Sliced cooked meat	...	...	...	2	—	2
Cooked tenderloin	...	...	...	1	—	1
Pork and veal galantine	...	...	...	1	1	—
Luncheon sausage	...	...	...	2	1	1
Chicken roll	...	...	...	1	1	—
Salami	...	...	...	2	2	—
Steak and kidney pie	...	...	...	1	1	—
Ham and tongue	...	...	...	1	—	1
Steakettes	...	...	...	4	4	—
Chicklettes	...	...	...	1	1	—
Meat and potato pasty	...	...	...	1	1	—
Scotch egg	...	...	...	1	—	1
Beef croquette	...	...	...	1	1	—
Vienna savouries	...	...	...	1	—	1
Chicken fritters	...	...	...	1	—	1
Total					55	25

Miscellaneous

Vanilla slice (filled with "Mertona")	2	1	1
Devon split	1	—	1
Devonshire clotted cream	1	1	—
Watercress	5	5	—
Fish cakes	6	6	—
Devon bun	1	1	—
Frozen whole hen's egg	2	2	—
Powdered milk	1	1	—
Bun glazing syrup	1	—	1
Dessicated coconut	16	16	—
Prepared fondant	1	—	1
Trifle	1	—	1
Meringue powder	2	2	—
Cream doughnut	1	1	—
Doughnut split	1	1	—
	—	—	—
Total ...	42	37	5

FOODSTUFFS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION

										<i>lbs.</i>	<i>oz.</i>
Canned meat	...	...	...	...	...	...	...	...	...	745	—
„ fish	...	...	...	...	...	...	...	...	...	1	—
„ milk	...	...	...	...	...	...	...	...	...	9	2
„ fruit	...	...	...	...	...	...	...	...	...	192	8
„ vegetables	...	...	...	...	...	...	...	...	...	37	13
„ jam	...	...	...	...	...	...	...	...	...	31	—
„ soup	...	...	...	...	...	...	...	...	...	1	10
„ miscellaneous	...	...	...	...	...	...	...	...	...	31	—
Ham and bacon	...	...	...	...	...	...	...	...	...	98	—
Meat	...	...	...	...	...	...	...	...	...	198	14
Fish	...	...	...	...	...	...	...	...	...	153	—
Poultry	...	...	...	...	...	...	...	...	...	279	—
Marshmallows	...	...	...	...	...	...	...	...	...	7,752	—
Fruit	...	...	...	...	...	...	...	...	...	476	—
Cheddar Cheese	...	...	...	...	...	...	...	...	...	37	—
Cereals	...	...	...	...	...	...	...	...	...	21	9
Fats	...	...	...	...	...	...	...	...	...	11	—
Miscellaneous	...	...	...	...	...	...	...	...	...	93	6
										<hr/>	
								Total	...	...	10,168 14

LEGAL PROCEEDINGS

*Law contravened**Offence**Result*
Fine *Costs*

Food Hygiene (General)
Regulations, 1960 &
Essex County Council
Act, 1952, Section
103(1)(a)

Unregistered hawker selling
shellfish from a barrow ...
Smoking whilst handling open
food
No hot and cold water supply
on vehicle
No sink. No receptacle for
waste. No name and address
on vehicle
No soap and towel on vehicle

£1 10 0

Food Hygiene (General)
Regulations, 1960

Butcher's shop and equipment
in dirty condition
Dirty bacon machine
No clean towels
Dirty floor in food prepara-
tion room
Dirty refrigeration room

£65 0 0 £15 15 0

Food & Drugs Act, 1955
Section 22 &
Food Hygiene (General)
Regulations, 1960

Failing to display name and
address on ice-cream vehicle
No hot water on vehicle
No hand towels on vehicle

£11 0 0 £6 6 0

Food & Drugs Act, 1955
Section 8

Exposure for sale of two meat
patties unfit for human con-
sumption

£15 0 0 £7 7 0

Food & Drugs Act, 1955
Section 2

Selling mouldy meat pie

£15 0 0 £3 3 0

do.

Selling mouldy lemon sponge
sandwich

£10 0 0 £5 5 0

do.

Selling iced bun containing a
piece of wood

£10 0 0 £5 5 0

do.

Selling box of fish cakes con-
taining straw and tobacco

£20 0 0 £5 5 0

do.

Selling buttered bread roll
containing a nail

£5 0 0 £5 5 0

(Two firms prosecuted)

£20 0 0 £5 5 0

do.

Selling buttered macaroon
containing a piece of metal

£20 0 0 £2 2 0

do.

Selling loaf of bread con-
taining adhesive tape

£10 0 0 £5 5 0

do.

Selling mouldy loaf of bread

£10 0 0 £5 5 0

do.

Selling mouldy sausages

£50 0 0 £5 5 0

do.

Selling bottle of milk con-
taining a foreign body

£10 0 0 £5 5 0

do.

Selling pork pie containing a
fly

£5 0 0 £5 5 0

do.

Selling a doughnut containing
a fly

£5 0 0 £3 3 0

do.

Selling a mouldy sausage roll

£20 0 0 £3 3 0

do.

Selling pork pie containing a
fly

£5 0 0 £5 5 0

SUMMARY OF LEGAL PROCEEDINGS

Number of prosecutions ordered by Council	21
Number of cases heard in Magistrates' Court	18
(includes 3 cases carried forward from 1960)	
Number of cases remaining to be dealt with at 31.12.61	6

Rodent Control (Prevention of Damage by Pests Act, 1949)

Number of properties dealt with	512
Number of inspections made	1,811
Number of properties inspected and no evidence of infestation found ...	12
Number of infestations:	
Rats—major	2
minor	201
Mice—major	Nil
minor	64
Number of complaints received	279
Number of contracts entered into	51
Number of infestations treated by the Council	264

(3 cases of infestation were treated by owners under private arrangements.)

Factories

FACTORIES ACTS, 1937 AND 1948

	No. on register	Inspec- tions	Written Notices	Occupiers prosecuted
(a) <i>Inspections</i>				
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	4	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	120	18	1	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (ex- cluding outworkers' premises) ...	35	8	2	—
	160	30	3	—

(b) Cases in which defects were found :

<i>Particulars</i>	<i>Found</i>	<i>Remedied</i>	<i>Referred</i>		<i>Number of prosecutions</i>
			<i>to</i>	<i>by</i>	
			<i>H.M. Inspector</i>		
Sanitary conveniences (Section 7):					
(a) Insufficient ...	1	1	—	—	—
(b) Unsuitable or defective ...	2	2	—	—	—
Other offences against the Act (not includ- ing offences relating to outwork) ...	—	—	—	—	—
	3	3	—	—	—

(c) Outwork

Two hundred and fourteen outworkers were on the register at 31st December, 1961, and were engaged mainly on work in connexion with wearing apparel.

Summary of other work carried out by the Public Health Inspectors

Number of complaints investigated and action taken ...	...	...	...	...	354
Total number of intimation notices served ...	...	...	...	...	95
Total number of statutory notices served ...	...	...	...	...	12
Number of inspections of food premises, including food shops, market stalls, itinerants' vans and bakehouses ...	...	...	...	...	1,160
Number of inspections of shops other than food shops ...	...	...	...	...	15
Number of inspections of premises in connexion with duties under the Petroleum (Consolidation) Act, 1928 ...	...	...	...	...	129
Number of inspections of hairdressers' establishments ...	...	...	...	...	76
Number of inspections of swimming pools ...	...	...	...	...	23
Number of inspections of schools—general ...	...	...	...	...	13
Number of inspections in connexion with refuse collection ...	...	...	...	...	61
Number of inspections of drainage ...	...	...	...	...	87
Visits in connexion with infectious diseases ...	...	...	...	...	192
„ „ „ „ movable dwellings ...	...	...	...	...	46
„ „ „ „ complaints and nuisances (other than housing matters) ...	...	...	...	...	77
„ „ „ „ insect infestations ...	...	...	...	...	145
„ „ „ „ Smoke Control Areas ...	...	...	...	...	646
„ „ „ „ other duties under Clean Air Act, 1956 ...	...	...	...	...	415
Number of inspections of places of entertainment ...	...	...	...	...	4
Number of visits in connexion with water supplies ...	...	...	...	...	27
Sundry other visits ...	...	...	...	...	123

ATMOSPHERIC CONDITIONS

	<i>Air Temperature in degrees Celsius</i>			<i>Rainfall in inches</i>	<i>Smoke and Sulphur Dioxide in micrograms per cubic metre</i>			
	<i>A</i>	<i>B</i>	<i>C</i>		<i>Templefields</i>		<i>Netteswell Hall</i>	
	<i>Mean</i>	<i>Mean</i>	<i>Mean</i>		<i>Smoke</i>	<i>SO₂</i>	<i>Smoke</i>	<i>SO₂</i>
	<i>Min.</i>	<i>Max.</i>	<i>A of & B</i>					
January	6.2	1.0	3.6	2.07	70	271	70	60
February	10.2	3.9	7.1	2.32	50	214	60	85
March	13.3	1.7	7.5	0.14	80	245	80	146
April	14.7	5.6	10.1	2.61	37	206	30	62
May	16.3	5.1	10.7	0.84	23	150	17	47
June	21.2	8.3	14.7	1.51	20	131	16	50
July	21.2	10.2	15.7	1.17	18	98	12	40
August	21.1	11.3	16.2	2.27	13	86	10	37
September	20.4	11.1	15.7	3.14	26	107	24	49
October	15.2	6.9	11.1	2.45	42	180	39	69
November	9.2	2.2	5.7	1.32	69	232	59	82
December	6.4	0.8	2.8	3.51	103	252	94	125

The metereological data were supplied by the Harlow Development Corporation. Observations of smoke and sulphur dioxide were made by the Public Health Department.

APPENDICES

SUMMARY OF A PAPER ON PUBLIC HEALTH ASPECTS OF BRINING OF MEAT IN BUTCHERS' SHOPS*

By H. L. HUGHES, D.P.A., M.A.P.H.I., M.R.S.H.

A survey was carried out in butchers' shops in Walthamstow and later in Harlow to investigate the methods of brining meat and the containers used for this purpose.

The Salt Content of Brines

Regular weekly sampling was carried out at eight butchers' shops throughout the life of the brines. The salt content of each brine was calculated weekly by the Public Analyst. The results showed that in those brines which were refrigerated the salt content was allowed to fall to excessively low levels far below the desirable standard of 15% to 20% sodium chloride. In two instances the final salt content was 4.88% and 4.23% respectively. At such low salt levels the typical halophilic flora is lost and extraneous micro-organisms which may include large numbers of putrefactive bacteria predominate. Other workers have shown that a low salt content and a low temperature of storage give the optimum conditions for the survival of pathogenic organisms. It appears that it is common practice for small butchers to store brines in refrigerators throughout the entire life of the brine, as by this means putrefaction is retarded and the life of the brine is extended to two or three months.

The Nitrite Content of Brined Meats

Samples of brine, brined cooked meats and brined raw meats were examined for nitrite content. This was found to vary very widely from the insufficient to the excessive. One sample of cooked brisket contained nitrite in excess of the permitted figure of 200 parts per million, and the evidence at the premises suggested that this was due to the direct addition of nitrite to the pickle instead of producing nitrite by natural reduction of nitrate.

The Containers Used for Brining

The types of containers found to be in use included galvanized pails and dustbins, slate tanks, stoneware vats, wooden tubs and barrels, and plastic, enamel and aluminium bins. The two most common receptacles used were galvanized dustbins and wooden barrels. Samples of brine and brined meat were taken from the various types of containers at different shops and examined by the Public Analyst for metal content. Clear evidence was obtained that brine attacks the zinc coating of galvanized iron receptacles and that the zinc is taken into solution in the brine and is then transferred to the meat being pickled. In the absence of a legal standard the Public Analyst regarded 100 parts per million as a reasonable limit for zinc in brined meat. In several instances this figure was significantly exceeded. One sample of brine from an enamel bin was found to contain an appreciable quantity of antimony.

Conclusions and Recommendations

The preparing and control of brines in butchers' shops was found to be haphazard.

When the salt content in refrigerated brines was allowed to drop to a low level it was shown to create a public health hazard. The provision and regular use of salometers should be required of all butchers, and each Public Health Department should also have these instruments to enable Public Health Inspectors

*Presented to a meeting of the Northern Home Counties Centre of the Public Health Inspectors' Association on 4th January, 1961.

to check the salt level in brines.

They should also check as a routine the nitrite content of cooked meats and if, as a result of a recent recommendation of the Food Standards Committee, the addition of nitrite direct to brines for uncooked meats is permitted, it will be necessary to ensure that the allowed limit is not exceeded.

Butchers still widely use enamel or galvanized iron containers for brines. They are quite unsuitable and Public Health Departments should enforce their abandonment under the Food Hygiene (General) Regulations. Instead, rigid polythene bins with lids should be recommended to butchers as the most suitable and hygienic receptacles for the purpose.

METHODS AND EFFICACY OF STERILIZATION OF HAIRDRESSERS' IMPLEMENTS

A study undertaken by the Public Health Department in collaboration with the Pathological Laboratory of St. Margaret's Hospital, Epping

In March and April, 1961, a survey was carried out of 22 hairdressers' establishments (12 for ladies, 10 for gentlemen) in Harlow. The object was to ascertain:

- (a) what means of sterilization of implements (if any) were used and
- (b) whether such means were effective.

In addition, Public Health Inspectors who visited the premises took detailed notes of their appearance, size, layout, cleanliness, number of cubicles or chairs, lighting, heating, ventilation, equipment, arrangement for laundering linen, method of disposal of hair and sanitary facilities for the staff.

On the whole it was found that most businesses were conducted in modern premises possessing all necessary conditions for maintaining a high standard of hygiene. However, only in one establishment had the manager issued written instructions to the staff regarding the cleaning and sterilization of implements and he himself supervised the carrying out of these instructions. Managers of five other hairdressers' shops stated that they personally checked the cleaning of equipment although no specific instructions had been given to the assistants. In the remaining sixteen businesses the staff had no instructions on how to clean scissors, clippers, combs, brushes, etc., and nobody was charged to see that this was properly done.

The sterilizing agents, where used, can be divided into two categories—liquid and gaseous. Twelve hairdressers used only the former, eight both and two none.

Several different proprietary brands of liquid disinfectant were used. Enquiries have shown that the working solutions were prepared in a most haphazard way and seldom according to the makers' instructions. Fresh solutions were made at intervals ranging from 24 hours to 7 days. The period and duration of sterilization differed from establishment to establishment. In some, instruments were cleansed and sterilized daily, in others only once a week and in a few irregularly and infrequently. Similarly, the time during which any given article was in contact with the disinfectant varied very widely. For instance, in the case of combs, some hairdressers simply dipped them in the solution whilst others left the combs in it when they were not in use.

In order to test the bactericidal effect of the liquid sterilizing agents samples were taken of working solutions. On the assumption that in most cases fresh solutions were prepared at the beginning of the week and that their potency gradually diminished with the progress of time and continuous use, a sample of each solution was taken on a Monday, Wednesday and Friday. Small quantities of the liquid were poured into sterile glass tubes and immediately sent to the Pathological Laboratory. There all tests were carried out under the direction of Dr. I. M. Tuck, the Consultant Pathologist. Altogether samples consisting of six different brands of disinfectant were taken from nine hairdressers. In view of the haphazard way in which solutions were prepared the information about their concentration had to be accepted with reservations. In the laboratory the disinfectants were placed in contact with standard cultures of *Staphylococcus pyogenes*, *Bacterium coli* and *Microsporum canis* for periods of five and ten minutes in each case. With the exception of one solution all those taken on Monday and Wednesday inhibited the growth of these micro-organisms. However, two solutions taken on Friday had weakened to such an extent that one no longer prevented the growth of *Staphylococcus pyogenes* and the other of *Bacterium coli*. The one solution which was

ineffective right from the start actually had extraneous organisms living in the samples taken on Wednesday and Friday.

Where gaseous sterilization was used this was by means of formaldehyde vapour produced in a special airtight cabinet. In all establishments these cabinets were of the same make but they were seldom used in accordance with the makers' instructions and were even sometimes never switched on and served only as simple cupboards. One of the cabinets was removed to the laboratory and used for all tests. Formaldehyde compound was purchased direct from the makers. In every case the cabinet was switched on for a preliminary fifteen minutes warm-up and the minimum time of sterilization was also fifteen minutes—both in accordance with the recommendation of the makers. The following tests were carried out:—

1. Blood agar plates heavily inoculated with (a) *Staph. pyogenes*, (b) *B. coli* were placed in the cabinet for fifteen minutes.
2. Control plates similarly inoculated but not placed in cabinet. Both sets of plates incubated at 37° C. for 24 hours.
3. Sabouraud's agar inoculated with *M. canis* and placed in the cabinet for 15, 30 and 45 minutes.
4. Sabouraud's agar-control. Inoculated with *M. canis* but not placed in cabinet.
5. Two shaving brushes dipped in cultures of (a) *Staph. pyogenes*, (b) *B. coli* and placed in the cabinet for 15, 30, 45 and 60 minutes then directly smeared on blood agar plates and incubated.

The results are shown below,

Time in cabinet mins.	Staph. Pyogenes		B. Coli		M. Canis		Shaving Brush 1	Shaving Brush 2
	Test	Control	Test	Control	Test	Control	Staph. Pyogenes	B. coli
15	Sterile	—	Sterile	+++	Sterile	++	Heavy growth	Heavy growth
30	—	+++	—	—	Sterile	++	Light growth	Heavy growth
45	—	—	—	—	Sterile	++	Light growth	Heavy growth
60	—	—	—	—	—	—	Sterile	Sterile

Finally swabs were taken from various articles of equipment in five hairdressers' establishments chosen at random. These swabs were cultured on appropriate media and all gave a bacterial growth varying from light to heavy. The types of micro-organisms were *Staph. albus* (from 9 articles), *B. subtilis* (from 8 articles), *Staph. pyogenes* (from 4 articles), *Proteus vulgaris* (from 7 articles).

Conclusions

1. All hairdressers have adequate premises and suitable equipment for conducting their businesses in a hygienic way but in some establishments the standard of cleanliness could be better.
2. Most of the popular brands of liquid disinfectants can give satisfactory results. Their dilution should be in accordance with the makers' recommendations, and the time of sterilization ought to be not less than five minutes to allow for

possible mistakes in preparing the solution and for the decline in potency through use. It is important to change the solution at least twice a week.

3. The formaldehyde vapour cabinets were either not used at all, or if used, not in an effective way. They require a fifteen minute warming-up period and a minimum of fifteen minutes for sterilization (longer in the case of contaminated brushes). This makes their use difficult for current sterilization of equipment during business hours but they can be used overnight for terminal disinfection. The consumption of electricity is minimal.

